

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/581,509

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1/2					53						
4		2/1					54						
5		1/1					55						
6		1/1					56						
7		1/1					57						
8		1/1					58						
9		1/1					59						
10		1/1					60						
11		1/1					61						
12		1/1					62						
13		1/1					63						
14		1/1					64						
15		1/1					65						
16	1						66						
17	1						67						
18		1/1					68						
19		1/1					69						
20		1/1					70						
21		1/1					71						
22		1/1					72						
23		1/1					73						
24		1/1					74						
25	1						75						
26	1						76						
27	1						77						
28		3/1					78						
29		1/2					79						
30		1/1					80						
31		1/1					81						
32		1/1					82						
33		1/1					83						
34	1						84						
35	1						85						
36	1	1					86						
37	1	2					87						
38	1	2					88						
39	1						89						
40		1/1					90						
41		1/1					91						
42	1						92						
43		1					93						
44		1/2					94						
45		1/1					95						
46		1/1					96						
47		1/1					97						
48		1/1					98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	32	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	41						TOTAL CLAIMS						